

# CALIFORNIA VOTER REGISTRATION FORM

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party choice. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly.

**Your legal name:** First name \_\_\_\_\_ Middle name \_\_\_\_\_

Last name \_\_\_\_\_ *Optional* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Home address — not a P.O. Box or business address — (Number, Street, Ave., Drive, etc. Include N, S, E, W) \_\_\_\_\_ Apt or unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ California county \_\_\_\_\_

If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W) \_\_\_\_\_

Mailing address — if different from above, or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Foreign country \_\_\_\_\_

Date of birth \_\_\_\_\_ U.S. state or foreign country of birth \_\_\_\_\_

CA driver's license or CA ID card # \_\_\_\_\_ If you do not have a CA driver's license or ID card, list the last 4 numbers of your Social Security Number, if you have one. \* \* \* \_\_\_\_\_ SSN (Last 4 numbers)

Email (optional) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

Do you want to register with a political party? *Phone numbers are posted at polling places on election day.*

Yes, I want to register with a political party (check one):  
☐ American Independent Party ☐ Green Party ☐ Peace and Freedom Party ☐ Republican Party  
☐ Democratic Party ☐ Libertarian Party ☐ Other party (specify): \_\_\_\_\_  
☐ No, I don't want to register with a political party. (If you check this box, you may not be able to vote for some parties' candidates in primary elections.)

To receive a vote-by-mail ballot in all elections, initial here: \_\_\_\_\_

If you were registered to vote before, fill out below:

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Previous address where you were registered \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Previous county \_\_\_\_\_ Political party (if any) \_\_\_\_\_

Are you a U.S. citizen? ☐ Yes ☐ No

Will you be 18 or older by the next election? ☐ Yes ☐ No

**Read and sign below.**  
 I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison or on parole for a felony. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Voter Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_

OJ BB 130001

**Important!** To vote in the next election, you must mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.

Tear here and fold. Moisten edge to seal. Do not staple or tape.  
 The bottom part is your receipt.  
 Keep it until you receive a Voter Notification Card in the mail.

**Optional**

A. ☐ Check here if you can be a poll worker.  
 (If bilingual, indicate language: \_\_\_\_\_)  
☐ Check here if you can provide a polling place on election day.

B. Your ethnicity/race: \_\_\_\_\_

C. Check your language preference: ☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Japanese ☐ Chinese ☐ Korean ☐ Tagalog ☐ Vietnamese ☐ Chinese

Did someone help you fill out or deliver this form?  
 If yes, the person who helped you must fill out and sign both parts of this green box.

Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Org. name, address, and tel. (if any): \_\_\_\_\_

(This part is the voter's receipt.)

Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Org. name, address, and tel. (if any): \_\_\_\_\_

Questions, problems  
or to report fraud:

Contact the Secretary of State.  
Call: 1-800-345-VOTE (8683)

Email: elections@sos.ca.gov

Web site: www.sos.ca.gov

Or contact your county elections office.